Bureau of Health Care Quali STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/04/2009		
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-		
DESERT	SPRINGS HOSPITAI	L	2075 EAS LAS VEG	T FLAMING AS, NV 8911	O ROAD 19			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE COMPLETE E APPROPRIATE DATE		
S 000	This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 12/04/09 and finalized on 12/04/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00023771 was substantiated with deficiencies cited. (See Tags S0145, S0146, S0152, S0310) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal,			\$ 000				
S 145		ciencies were identifie charge Planning	:u.	S 145				
SS=G	3. A hospital shall of hospitalization, i likely to suffer adveupon discharge if the adequate discharge provide for an eval discharge planning	, at the earliest possi- identify each patient verse health consequent the patient does not repetent to the patient does not repetent to some the peeds repetent so its patient so its pat	who is ences eceive bital shall elated to dentified.	hin 10 days aft	ter receipt of this statement of det	ficiencies.		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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LABORATORY DIRECTOR'S OR PROYNDER/SUPPLIER REPRESENTATIVE'S SIGNATURE of the statement of deficiencies.

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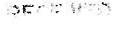
Bureau of Health Care Quality & Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B WING 12/04/2009 NVS641HOS STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2075 EAST FLAMINGO ROAD **DESERT SPRINGS HOSPITAL** LAS VEGAS, NV 89119 (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY S 145 Continued From page 1 S 145 Tag S 143 The identified patient had been This Regulation is not met as evidenced by: discharged prior to the survey Based on interview, record review and discharge and it is not possible to address policy and procedure review, the facility failed to this particular patient. ensure a patient with a diagnoses of dementia All patients requiring ED or and cognitive impairment who was confused and inpatient treatment have the disorientated received a safe discharge plan and potential to be affected by this protective supervision and was discharged and practice. transported into the care and custody of a The following facility policies responsible party. (Patient #1) were reviewed: Discharge of Patients Findings include: Emergency Services Discharge Discharge Planning Assessment Patient #1 was a 84 year old female who was Standards of Care - Nursing transported by ambulance from a memory care Transfer of Stablized ED Patient to Other facility and admitted to the facilities emergency room on 12/02/09 with a chief complaint of Patient Rights & Responsibilities vomiting and diarrhea. The patients diagnoses No policy revisions were required. included dementia with cognitive impairment. The FD Director involved with this patient has reviewed the policies and procedures related to discharge On 12/04/09 at 9:30 AM, the Chief Nurse planning with her clinical staff. A reported Patient #1 was treated in the emergency review was conducted starting 12/4 room for vomiting and diarrhea and kept via unit huddles. The Director & overnight. The patients nurse documented in the Clinical Supervisors reviewed emergency room record that the patient had a requirements that include an initial history of dementia. The Chief Nurse assessment of patient's psychosocial, acknowledged the patients nurse failed to follow emotional, or other factors affecting the facilities safe discharge policy and procedure treatment or discharge. Review included by not notifying the memory care facility where all patient rights and responsibilities are the patient resided regarding the patients pending applicable to the surrogate decision-maker discharge and failed to provide protective Additionally, all Clinical Directors & supervision by not discharging the patient to a Managers have reviewed the above with their responsible party or arranging transportation for staff. the patient back to the memory care facility. The Chief Nurse reported the patients nurse escorted the patient to the emergency waiting room lobby and released the patient unsupervised to the street. The Chief Nurse reported the incident was discovered after the administrator of the memory

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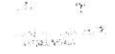
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care facility called to check on the patients status and discovered the patient had been discharged



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Bureau of Health Care Quality & Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B WING 12/04/2009 NVS641HOS STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2075 EAST FLAMINGO ROAD **DESERT SPRINGS HOSPITAL** LAS VEGAS, NV 89119 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 145 S 145 | Continued From page 2 The RN involved in the care of this without protective supervision. The Chief Nurse patient was interviewed regarding reported facility security and police conducted a his care and decision to discharge missing persons search. The patient was located the patient. The RN acknowledged that by police one and a half hours later at the he knew the patient had dementia. He intersection of Desert Inn and Topaz banging on indicated the patient stated she would a window of a business asking for help. take the bus home and showed him a bus pass. The facility indicated the patient would not have been in possequion On 12/04/09 at 10:30 AM the Emergency Room of a bus pass. The RN's employment Clinical Supervisor reported on 12/03/09 at 7:20 contract was cancelled on 12/4/09 AM, during the change of shift a representative following an immediate from a memory care facility called to inquire investigation for failure to follow about the status of Patient #1. The Clinical policy and standards of care. Supervisor reported she reviewed the patients Individual(s) responsible: emergency room record and discovered documented in the initial assessment that the Directors/Managers of Emergency Dept, patient had a history of dementia and had been Nursing Units discharged by RN #1 at 6:25 AM. The Clinical Date of completion: 1/15/10 Supervisor acknowledged RN #1 failed to ensure the patient was discharged to a responsible party and failed to facilitate transportation for the patient back to the memory care facility where the patient resided. The Clinical Supervisor reported the facilities discharge policy included consultation with the emergency room charge nurse on all elderly patients and patients who were diagnosed with Alzheimer's dementia or cognitive impairment to ensure the discharge process was conducted in a safe manner. The Clinical Supervisor confirmed RN #1 failed to consult the charge nurse or any other emergency room staff member prior to the patients discharge in violation of facility policy. Ambulance report dated 12/02/09 dated 10:53PM, indicated the patient had a diagnoses that included dementia. Emergency Room Nursing Record dated 12/02/09 at 11:30 PM, indicated the patient arrived at the facility by ambulance with a chief

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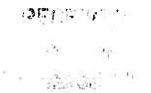
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Bureau of Health Care Quality & Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED DENTIFICATION NUMBER A. BUILDING B WING 12/04/2009 NVS641HOS STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2075 EAST FLAMINGO ROAD **DESERT SPRINGS HOSPITAL** LAS VEGAS, NV 89119 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID COMPLETE PRÉFIX TAG TAG DEFICIENCY) S 145 S 145 Continued From page 3 complaint of diarrhea for the past 2 days. The patients past medical history included dementia. The patient's medications included Aricept used to treat Alzheimer's disease. Nursing Note dated 12/03/09 at 6:25 AM, indicated the patient was discharged per MD order. "The patient was discharged home. Verbal written instructions were given to the patient who verbalized understanding. The depart time from the facility was 6:25 AM. The mode was walking." The patients Treatment Authorization form dated 12/02/09 documented the patient could not sign because the patient had dementia. The patients Consent to Treatment and Conditions of Admission dated 12/02/09 documented the patient was unable to sign due to dementia. A Patient Self Determination record dated 12/02/09 documented the patient was incapable of answering questions concerning advance directive, living will or durable power of attorney because the patient had dementia. Medication Reconciliation and Physician Order Form dated 12/03/09 and filled out by RN #1 documented the patient was unable to recall what home medications she was taking. Discharge Instructions dated 12/03/09 were signed by the patient and RN #1. The Facility Emergency Services Discharge Policy last revised 08/09 included discharge instructions should be given to a friend, relative or guardian if the patient is intoxicated, not able to understand or hear the instructions.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
2075 EAS			ST FLAMINGO ROAD AS, NV 89119				
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S 145	Facility Transfer of Stabilized Emergency Department Patient to Other Facilities Policy last revised 08/08 included the following: 1. "A Transfer Log will be maintained of all patients requiring transfer to another facility. The Charge Nurse must review all transfers prior to a patient's departure to assure adherence to all requirements and appropriate documentation in the medical record." 2. "Report will be called by the nurse caring for the patient. Name and title of person accepting report will be documented in the medical record." Facility Patient Transfer to Extended Care Facility, Skilled Nursing Facility and Rehabilitation Facility Policy last revised 02/07 included the following: 1. "A copy of the patients transfer form will be provided to the receiving facility and a copy will be maintained on the chart."			S 145			
							The state of the s
	Case Management	rtation is arranged the t Department. Family ansfer arrangements.	will				
	Severity: 3	Scope: 1					
	Complaint # 23771	İ					
S 146 SS=D	An evaluation of to discharge planning	of the needs of a patie ing must include, with	ent relating nout	S 146			
		ration of: he patient for postope vailability of those se					

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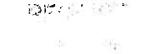
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Bureau of Health Care Quality & Compliance (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER A BUILDING B. WING 12/04/2009 **NVS641HOS** STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2075 EAST FLAMINGO ROAD **DESERT SPRINGS HOSPITAL** LAS VEGAS, NV 89119 PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 146 S 146 | Continued From page 5 Tag S 146 The identified patient has been (b) The capacity of the patient for self-care; and discharged prior to the survey and (c) The possibility of returning the patient to a it is not possible to address this previous care setting or making another individual patient. appropriate placement of the patient after All patients treated in the Emergency discharge. Department or inpatient setting This Regulation is not met as evidenced by: have the potential to be affected by Based on interview, record review and document this practice. review the facility failed to ensure a patient The Emergency Department Director diagnosed with dementia and cognitive has reviewed policies related to impairment who was confused and disorientated discharge planning, standards of nursing was provided with a safe discharge plan that care, and patients rights and responsibilities included an evaluation of the patients capacity for The Director and Clinical Supervisor self care and appropriate placement after reviewed policies and procedures discharge. (Patient #1) with their clinical staff. No policies required revision. Severity: 2 Scope: 1 Additional, requirements for discharge planning were reviewed with all clinical Complaint # 23771 staff. Individual(s) responsible: S 152 S 152 NAC 449.332 Discharge Planning Emergency Department Director SS=D Director for Inpatient Services 10. The discharge plan must be discussed with Date of Completion: 1/15/10 the patient or the person acting on behalf of the Tag S 152
The identified patient has been discharged patient. This Regulation is not met as evidenced by: prior to the survey and it is not possible Based on interview, record review and document to address this individual patient. review the facility failed to insure the discharge All patients treated in the Emergency plan of a patient diagnosed with dementia and Department or inpatient setting have the cognitive impairment was discussed with the potential to be affected by this practice. The following policies were reviewed: patients conservator and the administrator of the memory care facility where the patient lived, prior Patient Rights and Responsibilities Informed Consent. No changes to policy were to the patients discharge. required. The Emergency Department Director and (Patient #1) Clinical Supervisors immediately reviewed the policies concerning involvement of the Scope: 1 Severity: 2 surrogate decision-maker. The review occurred at pre-shift Huddles conducted prior to each shift Complaint # 23771 Additionally, all Clinical Directors have reviewed these policies and procedures with their staff.

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